

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Every Voice Action		FEC IDENTIFICATION NUMBER ▼ C C00566208	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Buying Time		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 650 Massachusetts Ave NW Ste 210		Amount 149457.50	
City Washington	State DC	Zip Code 20001-3728	Transaction ID : VN7BA9WFFY85
Purpose of Expenditure Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014	
Name of Federal Candidate Larry Pressler		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: SD	
Calendar Year-To-Date Per Election for Office Sought 609554.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Every Voice		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014	
Mailing Address 1133 19th St NW FI 9		Amount 1000.00	
City Washington	State DC	Zip Code 20036-3612	Transaction ID : VN7BA9WS9C2
Purpose of Expenditure Social Media Advertisement Costs	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014	
Name of Federal Candidate Larry Pressler		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: SD	
Calendar Year-To-Date Per Election for Office Sought 609554.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150457.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

Every Voice Action

FEC IDENTIFICATION NUMBER ▼

C C00566208

Check if ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /

Full Name of Payee

Murphy Vogel Askew Reilly LLC

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 15 2014

Mailing Address 1199 N Fairfax St

Ste 220

Amount

9880.41

City

Alexandria

State

VA

Zip Code

22314-1437

Transaction ID : VN7BA9WS3Z8

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
10 15 2014

Purpose of Expenditure

Advertising Production

Category/
Type

004

Name of Federal Candidate

Larry Pressler

☐ Support☒ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: SD

Calendar Year-To-Date
Per Election for Office Sought

609554.15

Disbursement For: ☐ Primary ☒ General
2014☐ Other (specify) ►

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
/ / /

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
/ / /

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office SoughtDisbursement For: ☐ Primary ☐ General☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

9880.41

(b) SUBTOTAL of Unitemized Independent Expenditures ►

(c) TOTAL Independent Expenditures..... ►

160337.91

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Donnelly

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 16 2014

Signature